

45-CCC, Aztec, N.M.

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Southwest Production Company	
Address P. O. Box 400, Aztec, New Mexico 87410	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change of transporter <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Castorhead Gas <input type="checkbox"/>
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	
Other (Please explain) from Four Corners Pipeline to Giant Refinery, Inc.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Callow Fed.	Well No. Prod. Name, including Formation 2 Totah Gallup	Kind of Lease State, Federal or Fee Fed.	Lease No. SF078931-D
Location			
Unit Letter J	2275	Feet from The S	1810
Line of Section 33		Township 29N	Range 13W
		County San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Giant Refinery, Inc., Suite 238, Petroleum Plaza Bldg., 3535 30th St., Farmington, N.M. 87401					
Name of Authorized Transporter of Castorhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 33	Twp. 29N	Range 13W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Flow Well	Workover	Deepen	Plug Back	Same Restv.	Drift, Restv.
Date Spudded	Date Comm. Ready to Prod.	Total Depth	F.B.T.D.				
Elevations (DF, RAB, RT, CR, etc.)	Name of Production Formation	Top of Gas Pay	Taking Depth				
Perforations		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. P. Crum Jr.
(Signature)

Production manager

4/10/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED *AUG 8 1978*, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #2

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.